



APPLICATION

South Dakota National Guard Youth & Teen Challenge

For Camp Use Only

Youth OR Teen

Check # _____
Application complete _____
Physical _____
Information letter sent _____
Other info _____

____ Youth Challenge: July 18th – 23rd, 2004 (Age: 10-12)
____ Teen Challenge: August 12th – 15th, 2004 (Age: 13-15)

Must be submitted complete by June 4, 2004 (**PLEASE TYPE OR PRINT**)

Youth Name: _____

Address: _____ City: _____

State: _____ ZIP: _____ E-mail Address: _____

Home Phone: () _____ Male ___ Female _____ AGE (as of June 1st)

Date of Birth: _____ SS#: _____ - _____ - _____

T-shirt size (adult): S M L XL **First time camper: Yes No** (Circle)

Parent(s) Name: _____ Relationship to camper _____

Emergency Phone # Day: () _____ Evening: () _____

Cell #: () _____

Military Sponsor Information:

Name: _____ Rank: _____ **Deployed:** Yes No

SS#: _____ Unit: _____

Youth Challenge: 10 – 12 year olds (as of June 1st)

Teen Challenge: 13 – 15 year olds (as of June 1st)

Must be a child/grandchild OR legal dependent of a South Dakota National Guard member or retired member.

Your return packet is due June 4th and should include:

1. **Application:** Please make sure application is filled out completely and signed where indicated.
2. **\$75.00** non-refundable registration Fee. Payable to **SDNG Challenge**. (Or Scholarship essay)
Recommend bringing \$5-15 for Youth Challenge and \$10 - \$25 for Teen Challenge for spending money.
3. **Mail to:** SDNG Youth/Teen Challenge
2823 West Main Street, Bldg 520
Rapid City, SD 57702

I certify that I am the legal guardian/parent of the child listed on this application.

**I grant permission to the South Dakota National Guard youth Camp to approve emergency medical treatment for my child.

**I give my permission of the release of my child's name, address and phone number to be provided to fellow campers and staff for the purpose of future communications. It will not be sold or distributed for any other use. Any photos or videos may be used for the promotion of the South Dakota National Guard Youth Camp.

**I hereby waive any claim against the South Dakota National Guard, the Department of Military Affairs, the State of South Dakota, or the United States of America for any causes which may arise in connection with the participation of child's name in the South Dakota National Guard Youth Camp.

(Parent / guardian) **Signature**

Date